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     (FILE 'HOME' ENTERED AT 14:08:22 ON 03 MAR 2004)

     FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, CANCERLIT, JAPIO' ENTERED AT
     14:08:42 ON 03 MAR 2004
L1            0 S HEMATOPOIESIS AND (BASOPHIL ACTIVAT?)
L2        74090 S HEMATOPOIESIS
L3          639 S (BASOPHIL ACTIVATION)
L4            0 S L2 AND L3
L5          579 S L2 AND BASOPHIL?
L6          110 S L5 AND MEGAKARYOC?
L7           29 S L6 AND MAST?
L8           29 S L7 AND HEMATO?
L9           13 DUPLICATE REMOVE L8 (16 DUPLICATES REMOVED)
L10           2 S L9 AND ACTIVA?

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ANSWER 2 OF 2 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 92012974 EMBASE
DN 1992012974
TI Interleukin-3: Its biology and potential uses in pediatric **hematology**/oncology.
AU Sunderland M.C.; Roodman G.D.
CS Hematology Research, VA Medical Center, 7400 Merton Minton Blvd., San Antonio, TX 78284, United States
SO American Journal of Pediatric Hematology/Oncology, (1991) 13/4 (414-425).
ISSN: 0192-8562 CODEN: APHODH
CY United States
DT Journal; Conference Article
FS 025 Hematology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB The **hematopoietic** growth factor interleukin (IL)-3 is a potent regulator of blood cell proliferation. It promotes the survival, proliferation, and development of **hematopoietic** stem cells and committed progenitor cells of the granulocyte-macrophage, erythrocyte, eosinophil, **basophil, megakaryocyte, mast** cell, and lymphocyte lineages. In addition, IL-3 enhances mature myeloid cell functions such as phagocytosis and **activation** of **basophils** and eosinophils, as well as monocyte cytotoxicity. The first phase of clinical trials suggested that IL-3 may augment myelopoiesis in a number of clinical conditions. It may be efficacious for treatment of primary marrow disorders, including myelodysplastic syndromes and aplastic anemia. However, replacement therapy with IL-3 alone is probably not sufficient to obtain maximal stimulation of myelopoiesis. Preclinical and clinical studies published to date suggest that sequential use or combinations of growth factors will be needed to obtain optimal **hematopoietic** responses.
CT Medical Descriptors:
***hematopoiesis**
*myelopoiesis
aplastic anemia: DT, drug therapy
bone marrow disease
conference paper
drug activity
influenza: SI, side effect
molecular biology
myelodysplasia: DT, drug therapy
Drug Descriptors:
*interleukin 3: PD, pharmacology
*interleukin 3: DT, drug therapy
*interleukin 3: DV, drug development
*interleukin 3: EC, endogenous compound
*interleukin 3: AE, adverse drug reaction
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